The Challenges of Change –

Planning a Midwifery Model of Care

By Linda Katherine Jones

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University of Technology, Sydney

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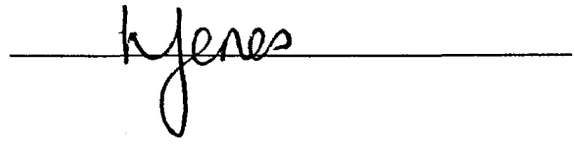
Certificate of Originality

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as full acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Signature of Candidate



Acknowledgements

I have two passions in life. My first passion is being a midwife and having the privilege of being able to share the miracle of childbirth with women and their families. My other passion is the education of people to become midwives in the true sense of the word. Through education of midwifery students I to strive to improve midwifery care by focusing the care on the women and her family. Part of this passion then is the promotion of midwifery care and, therefore, midwifery models of care.

My passionate commitment in pursuing the planning of this midwifery model of care arose from the influence of Dr Maralyn Rowley and Dr Pat Brodie. These wonderful midwives were the first project leaders in New South Wales to plan and implement midwifery models of care in the form of team midwifery at two different hospitals. Both midwives fought many battles to achieve the success with the midwifery models of care that they did. Without their passion for midwifery models of care, this work would not have been started. Much of what they learnt along the planning process was incorporated into the planning of this midwifery model of care.

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Finally, I would like to dedicate this work to Asha, my recently departed cat, who spent endless hours sitting and just being there for me.

Notes on style and language

The headings are presented using different font size. Chapter number is presented as 28 font size, followed by the chapter heading in 26 font size, main heading under this are in then font size 18, with a lesser heading being presented in font size 14.

Throughout this thesis where there are more than three references available to support a point or argument, the references are preceded by 'see for example'. This strategy is to facilitate ease of reading.

The maternity service government reports have been consistently referenced using the name of the chairperson of the review committee, rather than using the title of the report. For example, 'Lumley Report 1990', rather than 'Having a Baby in Victoria 1990'.

There are a number of references that have been removed from the text and reference list in order to protect the anonymity of the hospital in which this study was undertaken and the privacy of the participants. Where these references would appear in the text has been replaced by the words 'Reference removed' in the bracket. These references do not appear on the reference list. The alternative to this action would have been to place an embargo on the thesis.

Direct quotations from any source of data, whether they are from field notes, minutes of meetings or interviews, are written in *italics* without quotations marks.

Glossary of terms and abbreviations

Area refers to the Area Health Service in which the hospital and maternity unit is situated and where the project was being planned.

FN refers to Field Notes, which could be notes made from formal or informal meetings or just as a record of events that unfolded at that time.

M refers to Minutes of meetings, either of the Steering or Management Committee. These were formal notes of the proceedings of the meetings that were then presented to the next meeting for verification as a true recording of the proceedings of the meeting.

MC refers to the Management Committee.

SC refers to the Steering Committee.

I refers to any interview undertaken with key stakeholders.

L refers to a portion of a letter written between key stakeholders.

The date that appears in the brackets following any of the above abbreviation is the date on which the direct quote or statement was made and, therefore, recorded.

Table of Contents

Title i
Certificate of authorship ii
Acknowledgements iii
Notes on style and language iv
Glossary terms and abbreviations v
Table of contents vi
List of figures ix
List of tables x

Abstract xi

Chapter One
Setting the Scene 1
- Background 2
- The Australian context 4
- The change 6
- The hospital context 8
- The process of change 11
- Organisation of thesis 13

Chapter Two
History of maternity services 16
- The beginning struggle 16
- Reasons for obstetric domination of maternity 24
- Medicalisation of childbirth 25
- The effect of technology 28
- The effect of medicalisation on midwifery 33
- Consumers' response to medicalisation 36
- Government responses 39

Chapter Three
Models of maternity care 46
- Evaluation of midwifery care 46
- Team midwifery 55
- Caseload midwifery 60
- General Practitioner's role in maternity services 62
- Evaluation of General Practitioner care 64
- Comparing midwife and General Practitioner care 67
- Midwives working with General Practitioners 68

Chapter Four
Achieving organisational change 73
- Organisational change 73
- A Framework for implementing change 77
  - Creating a Sense of Urgency 78
  - Empowering broad based action 78
  - Developing a vision and strategy 79

Creating the guiding coalition 79
Communicating the change 80
Generating gains 80
Consolidating gains and producing more change 81
Anchoring new approaches in the organisational culture 81
Action research 82
Descriptions of action research 84
Characteristics of action research 87
Action and research 87
The action research cycle 88
Participation and collaboration 89
Problem focus 91
Role of the researcher 92
Limitations of action research 95
Soft systems methodology 99
System 101
Soft 102
Application 106
History 108
The stream of cultural inquiry 109
Social systems analysis 109
Political system analysis 110
Summary 111
Application to the research 113
Data collection 115
Analysis of the data 118

Chapter Five
The process and strategies 120
Background 121
Identifying a site for change 121
Description of the hospital 126
Staffing 128
Assessing the feasibility of the project 130
The midwifery model of care 135
Social system analysis 138
The Professor of Nursing 138
The Area Director of Nursing 140
The Director of the Division of General Practice from another Area 141
The Chairperson of the hospitals' Division of General Practice 142
The Director of Nursing '1' 143
The midwifery manager 143
Obstetrician '1' 144
The Medical Superintendent '1' 146
The process to introduce change 146
Meetings 149

Chapter Six
Creating a sense of urgency to change 154
The midwives 155

Engaging 155
Obstacles used to block the vision 160
General Practitioners 167
Engaging 167
Obstetricians 172
Engaging 172
Obstacles used to block the vision 174
Hospital and executive instability 182
Obstacles used to block the vision 182

Chapter Seven
Strategies for change 186
Developing a vision and strategy 186
Creating the guiding coalition 190
Communicating the change 193
Generating gains 196
Consolidating gains and producing more change 197
Empowering broad based action 202
Midwives 203
Obstetricians 204
Hospital and executive instability 211

Chapter Eight
Organisational change? 214
Environment of instability 216
So what happened 220
The GPs 222
The midwives 223
The obstetricians 228
The process 232
Anchoring new approaches in the organisational culture 239
Conclusion 240
Recommendations 246
Postscript 247

Appendix One - Summary of evaluations into midwifery care 250
Appendix Two - Summary of evaluations into general practitioner care 254
Appendix Three – Interview information sheet 258
Appendix Four – Cost calculations 259
Appendix Five – Midwifery model summary sheet 265

References 267

List of Figures

Figure 4.1 Action research process from Kemmis and McTaggart (1990b) 84
Figure 4.2 Action research p5rocess from Dick (1992) 85
Figure 4.3 Action research used to develop soft systems methodology 104
Figure 4.4 The process of soft systems methodology 106

Figure 5.1 Ideal model of midwifery care 120
Figure 5.2 Breakdown of the Area in relation to obstetric involvement 124
Figure 5.3 Relationship of the key players within the hospital 127
Figure 5.4 Relationship between the obstetricians, GPs and the hospital 129
Figure 5.5 Conceptual model of the process of ascertaining the current relationship between the GPs and midwives and determining the new relationship 135
Figure 5.6 Existing model of care in the hospital 136
Figure 5.7 Proposed midwifery model of care 137

Figure 8.1 Soft systems methodology overview of the project planning 214
Figure 8.2 Conceptual model used during the planning of the midwifery model ... 215
Figure 8.3 Cyclical process used between the researchers, organisation, executive and general practitioners 219
Figure 8.4 The midwifery model of care that resulted 220
Figure 8.5 Cyclical process used between the researchers, obstetricians, midwives and executive 221
Figure 8.6 The process of achieving organizational change 237

List of tables

Table 4.1 Adapted from the work of Checkland 103

Abstract

This thesis is about the challenge of change in maternity services. It examines the factors that facilitate and hinder the implementation of new models of midwifery care. At the time that the midwifery model of care described in this thesis was being planned, a great deal had been written regarding the problems with Australian maternity services. Such was the level of dissatisfaction with maternity services that government inquiries had been held and reports were produced recommending changes for improvement. Maternity services at the national and local level were in a state of transition, slowly addressing the recommendations from such inquiries and reports. It was in this environment of transition that a midwifery model of care was being planned. The midwifery model of care aimed to provide comprehensive maternity care for women of low risk, who did not hold health insurance and would incorporate childbirth and parenting education and support as well as care throughout the childbearing experience. Midwives would work collaboratively with General Practitioners in the community and provide midwifery led care.

The purpose of the project described in this thesis was to record and analyse the process of change associated with planning and implementing a midwifery model of care. This thesis is as much about effecting organisational change as it is about midwifery and exploring the conditions that are needed to plan and implement new models of midwifery care. This thesis explicates the factors that hindered the planning and implementation of the model, particularly the barriers to shifting boundaries of practice between groups of health professionals.

This thesis draws on Kotter's work on organisational change to describe and analyse the planning process in order to gain a better understanding of what it takes to achieve organisational change. An emerging theme from the data was the interplay between creating a sense of urgency to facilitate change and limiting obstacles to block the vision. These activities revealed the continual struggle that occurred as various strategies were put into place to overcome obstacles and defuse resistance to change.

The conclusion emphasises that while the midwifery model of care was not implemented, change had been achieved through a shuffling rather than a shifting of the professional boundaries between 'key players', namely the midwives, General Practitioners and obstetricians. Changing allegiances, partnerships, relationship and power had changed the status quo. In addition, the midwives had developed professionally leading to an increased capacity to continue the process of achieving the midwifery model of care.